STATEMENT OF ORGANIZATION FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES (See Reverse Side For Instructions) Party Committee Political Action Committee This is a (check one) This is an (check one) Initial Statement Amended Statement (PLEASE TYPE OR PRINT) COMMITTEE Name Mailing Address (Street, City, State, Zip Code) Business Telephone labol (785) 272-7560 5200 SW HWOTCON, TOPG CHAIRPERSON Horne Telephone Name. (785) 272-73/00 TRUIN POSETTEON Mailing Address (Street, City, State, Zip Code) Business Telephone (185) 354.481/0 OPOXE Willest TREASURER Home Telephone Name (310)775-2698 GRMGELO Mailing Address (Street, City, State, Zip Code) Business Telephone 1,7010 (316) 775-0774 AFFILIATED OR CONNECTED ORGANIZATIONS Name. ANTAS (LENTAL 1550CILTIUN Mailing Address (Street, City, State, Zip Code) If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors. SIGNATURE: "I declare that this statement has been examined by me and to the best of my knowledge and

belief is frue, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemonal

(Date)

(Signature of Chairperson)

Governmental Ethics Commission

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